

Paducah, KY 42001  
Fax 567-283-5171

**Check list for all new drivers:**

<input type="checkbox"/>	Copy of Driver's license (Correct for operation)	<input type="checkbox"/>	Copy of Medical Card/long form physical
<input type="checkbox"/>	Current MVR	<input type="checkbox"/>	Verification from your insurance carrier
<input type="checkbox"/>	Pre-employment Drug screen <b>results</b> (CDL only) (not required for Non-CDL drivers)	<input type="checkbox"/>	Completed Road test (Any driver with a CDL is qualified to administer a road test)
<input type="checkbox"/>	Date of Hire	<input type="checkbox"/>	Qualification file Completed (Dated the day the driver fills out)
<b>Optional Requirements:</b>			
<input type="checkbox"/>	Hazmat Training (HM-126/HM-232, or HM225 For Propane)		
<input type="checkbox"/>	Entry Level Driver Training (For all drivers that received their original CDL after June 20 2003)		
<input type="checkbox"/>	LCV Training (for drivers that will pull doubles/triples combination vehicle)		

**All drivers are to complete a Qualification file.**

**All pages that contain a **HIGHLIGHTED** area are to be filled in their entirety; failure to complete will delay the completion process.**

**File is to be returned to DOTOSHA Consulting LLC as soon as they are completed. Due to the stringent regulations, background checks are to be completed within 30 days after hire, we must receive the file as soon as possible. Failure to complete on time could result in violations from an audit.**

Paducah, KY 42001

**Drivers Name** \_\_\_\_\_

**License Type**(please check one)

**CDL Class A** Any combination of vehicles with a combined gross weight rating of 26001 lbs or more, if the gross vehicle weight rating of the trailer being towed is in the excess of 10,000 lbs.  
Examples:



**CDL Class B** Any single vehicle with a gross vehicle weight rating of 26001 or more or any such vehicle having a gross vehicle weight rating that is not in excess of 10001 lbs  
Examples:



**CDL Class C** Any single vehicle, or combination of vehicles, that is not a Class A or B, but that either is designed to transport 16 or more passengers, including the driver, or is placarded for hazardous materials and any school bus with a gross vehicle weight rating of less than 26,001 lbs, that is designed to transport fewer than 16 passengers including the driver.

Examples include but are not limited to:



**Operator/Chauffer** Any combination that is over 10001 pounds up to 26000 lbs

**Driver applicant, please answer the following:**

Does the vehicle have air brakes?	___ <b>Yes</b>	___ <b>No</b>
Will you be hauling a tank over 1000 gallon capacity?	___ <b>Yes</b>	___ <b>No</b>
Will you be driving Doubles/Triples?	___ <b>Yes</b>	___ <b>No</b>
Will you be hauling propane?	___ <b>Yes</b>	___ <b>No</b>
Will you be carrying Passengers? (15 or more)	___ <b>Yes</b>	___ <b>No</b>

Prior to use of any new driver, you must make sure that the driver is properly qualified and has no restrictions that may disqualify him/her.

# Application for Employment

# \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap

**COMPANY NAME** Tiffin Transportation\_PO Box 312\_265 Sixth Ave Tiffin, OH 44883  
ADDRESS CITY STATE ZIP

**DATE** \_\_\_\_\_ (PLEASE USE THE DATE THAT YOU ARE FILLING OUT APPLICATION)

**NAME** (First MI Last) \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

Is the above address the same for the preceding three years  Yes  No (please complete)

STREET CITY STATE ZIP How long?

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ Can you provide proof of age?  Yes  No

Have you had an accident within the last three years?  Yes  No

DATE (RECENT FIRST)	ACCIDENT DETAILS	FATALITIES	INJURIES

Have you had any traffic convictions/forfeitures within the last three years?  Yes  No

DATE (RECENT FIRST)	LOCATION	CHARGE	PENALTY/FINE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE?  Yes  No

HAS MY LICENSE, PERMIT, OR PRIVLEDGE EVER BEEN SUSPENDED OR REVOKED?  Yes  No  
(IF YES PLEASE GIVE DETAILS BELOW)

Have you had any POSITIVE Drug/Alcohol test(s) within the last six months?  Yes  No  
(IF YES PLEASE GIVE DETAILS BELOW)

Have you had any criminal/felony convictions in the last five years?  Yes  No  
(IF YES PLEASE GIVE DETAILS BELOW)

**All driver applicants must provide the following information for the preceding 10 YEARS**

<b>MOST RECENT EMPLOYER</b> _____	<b>FROM</b> _____	<b>TO</b> _____	
	(MO/YR)	(MO/YR)	
<b>ADDRESS</b> _____	REASON FOR LEAVING _____		
<b>CITY/STATE/ZIP</b> _____			
<b>PHONE</b> _____	<b>CONTACT</b> _____		
<b>SAFETY SENSITIVE FUNCTION(DRIVER)</b> ___ YES ___ NO	<b>SUBJECT TO PART 40 (DRUG&amp;ALCOHOL)</b> ___ YES ___ NO		

  

<b>NEXT RECENT EMPLOYER</b> _____	<b>FROM</b> _____	<b>TO</b> _____	
	(MO/YR)	(MO/YR)	
<b>ADDRESS</b> _____	REASON FOR LEAVING _____		
<b>CITY/STATE/ZIP</b> _____			
<b>PHONE</b> _____	<b>CONTACT</b> _____		
<b>SAFETY SENSITIVE FUNCTION(DRIVER)</b> ___ YES ___ NO	<b>SUBJECT TO PART 40 (DRUG&amp;ALCOHOL)</b> ___ YES ___ NO		

  

<b>NEXT RECENT EMPLOYER</b> _____	<b>FROM</b> _____	<b>TO</b> _____	
	(MO/YR)	(MO/YR)	
<b>ADDRESS</b> _____	REASON FOR LEAVING _____		
<b>CITY/STATE/ZIP</b> _____			
<b>PHONE</b> _____	<b>CONTACT</b> _____		
<b>SAFETY SENSITIVE FUNCTION(DRIVER)</b> ___ YES ___ NO	<b>SUBJECT TO PART 40 (DRUG&amp;ALCOHOL)</b> ___ YES ___ NO		

  

<b>NEXT RECENT EMPLOYER</b> _____	<b>FROM</b> _____	<b>TO</b> _____	
	(MO/YR)	(MO/YR)	
<b>ADDRESS</b> _____	REASON FOR LEAVING _____		
<b>CITY/STATE/ZIP</b> _____			
<b>PHONE</b> _____	<b>CONTACT</b> _____		
<b>SAFETY SENSITIVE FUNCTION(DRIVER)</b> ___ YES ___ NO	<b>SUBJECT TO PART 40 (DRUG&amp;ALCOHOL)</b> ___ YES ___ NO		

\*\*\*\*\*IF NEEDED PLEASE CONTINUE ON THE OTHER SIDE\*\*\*\*\*

**DRIVER LICENSE INFORMATION**

<b>STATE</b>	<b>LICENCE NO.</b>	<b>CLASS/ENDORSEMENTS</b>	<b>EXPIRATION DATE</b>

## DRIVING EXPERIENCE

TYPE	FROM (MO/YR)	TO (MO/YR)	APPROX NO. MILES
STRAIGHT TRUCK			
TRACTOR TRAILER			
DOUBLES/TRIPLES			
OTHER			

### To be read and signed by applicant (section 391.23)

(g) After October 29, 2004, previous employers must:

(1) Respond to each request for the DOT defined information in paragraphs (d) and I of this section within 30 days after the request is received. If there is no safety performance history information to report for that driver, previous motor carrier employers are nonetheless required to send a response confirming the non-existence of any such data, including the driver identification information and dates of employment.

(2) Take all precautions reasonably necessary to ensure the accuracy of the records.

(3) Provide specific contact information in case a driver chooses to contact the previous employer regarding correction or rebuttal of the data.

(4) Keep a record of each request and the response for one year, including the date, the party to whom it was released, and a summary identifying what was provided.

(5) **Exception.** Until May 1, 2006, carriers need only provide information for accidents that occurred after April 29, 2003.(h) The release of information under this section may take any form that reasonably ensures confidentiality, including letter, facsimile, or e-mail. The previous employer and its agents and insurers must take all precautions reasonably necessary to protect the driver safety performance history records from disclosure to any person not directly involved in forwarding the records, except the previous employer's insurer, except that the previous employer may not provide any alcohol or controlled substances information to the previous employer's insurer.

(i)(1) The prospective employer must expressly notify drivers with Department of Transportation regulated employment during the preceding three years—via the application form or other written document prior to any hiring decision—that he or she has the following rights regarding the investigative information that will be provided to the prospective employer pursuant to paragraphs (d) and I of this section:

(i) The right to review information provided by previous employers;

(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;

(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

*I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connections with my application.*

*In the event of employment, I understand that false or misleading information giving in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Company, as permitted by law.*

APPLICANT SIGNATURE	DATE

### OFFICE USE ONLY!

Date of Hire \_\_\_\_\_

First trip date \_\_\_\_\_

NOTES \_\_\_\_\_

## Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

**Employer** TIFFIN TRANSPORTATION LLC is required to ask the following questions:

- (1) Have you ever tested positive, or refused to test, on any Pre-employment drug or alcohol test administered by a previous employer to which you applied for, but did not obtain, safety sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past (2) years

**YES**

**NO**

If YES is checked you must provide a completed return to duty process!

### DRIVERS LICENSE REQUIRMENTS DRIVER CERTIFICATION

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations in regards to your commercial driver's license, and you must comply with what is stated below:

1. Possess only one license:

Drivers with a CDL must only have one in possession

If you have more than one license, you must notify each corresponding state and close it; simply destroying the license will not rectify the problem.

2. Notification of license SUSPENSION, REVOCATION or CANCELLATION

Section 391.15(b) AND 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension to your driver's license. In addition, section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: your employing motor carrier, and the state that issued your license (if the violation occurs in a state other than the state that issued your license). This notification must be made in writing.

**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **STATE** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_

**WAS THE DATE OF YOUR ORIGINAL CDL ISSUED AFTER JUNE 20, 2003**  **YES**  **NO** **DATE** \_\_\_\_\_

I certify that I have read and understand the above requirements.

**NAME (PRINTED)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

**SECTION 1 AUTHORIZATION**

I, **(Print Name)** \_\_\_\_\_, hereby authorize:  
(First, M.I., Last)

Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_  
(Date of Employment Application)

**to:**  
Prospective Employer: \_\_\_\_\_ Attn.: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

In compliance with 49 CFR §§40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: \_\_\_\_\_  567-283-5171  
Prospective employer's confidential email: \_\_\_\_\_  jmuratore@dotosha.com

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
This information is being requested in compliance with 49 CFR §§ 40.25 and 391.23.

**SECTION 2 ACCIDENT HISTORIES**

The applicant named above was employed by us.  Yes  No  
Employed as \_\_\_\_\_ from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_.  
Did he/she drive motor vehicle for you?  Yes  No If yes, what type?  Straight Truck  Tractor/Semitrailer  
 Bus  Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_

ACCIDENTS: Complete the following for any accidents included on your accident registrar (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or **check here**  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>SECTION 3</b>	<b>DRUG AND ALCOHOL HISTORY</b>
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If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382 or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ If yes, please end documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?       | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Section 3 completed by (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

<b>SECTION 4</b>	<b>MODE OF COMMUNICATION</b>
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This form was sent to previous employer via (check one)  Fax  Mail  Email  Other \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

<b>SECTION 5</b>	<b>RECEIPT INFORMATION</b>
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Complete the following when the requested information is obtained.

Information received from \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Phone

Date: \_\_\_\_\_  Other \_\_\_\_\_

**Instructions**

**Section 1 Prospective employee** Complete highlighted areas, return to prospective employer

**Section 2 Previous employer** Complete section, Sign and Date

**Section 3 Previous employer** Complete section, Sign and Date

**Section 4 Prospective employer** Document mode of communication, make a copy & keep on file.

**Section 5 Prospective employer** Document receipt from previous employer, place in file & keep for 3 years after employee leaves



## Previous Employer Request for information

In accordance to the regulations as stated in section 391.23, section 382 and allowed by 383.35 of the Federal Motor Carrier Safety Regulations, you are released from all liability from furnishing previous employment. The following \_\_\_\_\_

Has requested mandatory background and alcohol and drug information and is authorized by:

<b>NAME PRINT</b>	<b>S.S. NUMBER</b>
<b>APPLICANT SIGNATURE</b>	<b>DATE</b>

Previous Employer address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Dear Sir or Madame;

In accordance to the regulations, we are performing the following who has made and application to \_\_\_\_\_

For a position as a driver, and states that he/she was employed to you as a \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ We appreciate your prompt answer.

Thank you.

Dotosha Consulting LLC

Driver was employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_

Did driver operate a commercial motor vehicle?  YES  NO what class? \_\_\_\_\_

Reason for leaving: Discharged date \_\_\_\_\_ Resignation date \_\_\_\_\_ Other \_\_\_\_\_

How was his general conduct? \_\_\_\_\_ How was drivers history for the past 3 years \_\_\_\_\_

- |   |  |
|---|--|
| 1. Has the above mentioned performed and controlled substance test while at your employment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has driver tested positive for any controlled substance test within the last 2 years     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has driver had an Alcohol test of .04 or greater in the last 2 years                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Has driver ever refused a Drug or alcohol test in the last 2 years                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Was the driver or company enrolled in a DOT drug/alcohol program during employment       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Were there any other violations of any DOT drug/alcohol requirements                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to question(s) 2,3,4,and 6, please disclose the rehabilitation drug screen(s) and SAP evaluation.

SAP Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Previous employer name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

Fax \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

Mail \_\_\_\_\_ Date \_\_\_\_\_ Returned \_\_\_\_\_

Requested by \_\_\_\_\_

## Consent for Queries to the Drug and Alcohol Clearinghouse

**NAME (print)** \_\_\_\_\_ **LICENSE** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

The driver stated above provides consent to a query from the Drug and Alcohol Clearinghouse to:

**COMPANY** Tiffin Transportation LLC \_\_\_\_\_

It is further understood that the query to the Federal Motor Carrier Commercial Driver's License Drug and Alcohol Clearinghouse to determine if there is any Drug or Alcohol information about myself exists in the Clearinghouse.

During my employment this consent will allow the above-mentioned company to run my initial/annual query for as long as my employment service requires.

I understand that the limited query conducted by the company listed above indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to said Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the above mentioned Company to conduct a limited query of the Clearinghouse, said company must prohibit me from performing safety sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol regulations stated in part 40 and 382.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996(Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, criminal background check, and your driving record may be obtained on you for employment purposes. These reports are required by sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

This form is also notification that a driving record (MVR) will be obtained in accordance with section 391.25 of the Federal Motor Carrier Safety Regulation, at a minimum annually, for continued qualification and employment purposes as long as you are employed with **COMPANY NAME** Tiffin Transportation LLC \_\_\_\_\_

<b>NAME PRINT</b>	<b>S.S. NUMBER</b>
<b>APPLICANT SIGNATURE</b>	<b>DATE</b>
<b>COMPANY SUPERVISOR SIGNATURE</b>	<b>DATE</b>

As a representative of this company, I am attesting that the above information is necessary to determine that driver applicant can be employed, or remain employed as a driver of a Commercial Motor vehicle on public roadways. I also attest that the above information is true and correct.

I hereby authorize my safety director or insurance agent to obtain any or all the above information on the company's behalf.

## REQUEST FOR CHECK OF DRIVING RECORD

DOTOSHA CONSULTING LLC hereby authorizes you to release the following information as stated in section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

1. For employment investigations
2. For investigations at a minimal annually, for as long as I am employed for the following company

You are released from any and all liability which may result from furnishing such information.

<b>COMPANY NAME</b> Tiffin Transportation LLC	
<b>APPLICANT SIGNATURE</b>	<b>DATE</b>

In accordance with the provision of Section 605 and 607 of the fair credit report Act, Public law 91-508, as amended by the consumer credit report act of 1996 ( Title II, Subtitle D, Chapter (I), of Public Law 104-208), I hereby certify the following:

1. The applicant has authorized in writing the procurement of this report;
2. The applicant has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and not be used for another purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the applicant will receive a copy of the requested report and the summary of consumer rights as provided by that reporting agency.

I hereby certify that this report requested on the above applicant's release notice met the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

Dear Sir/madam:

The following named person has made application with our company for the position of driver. Please furnish the undersigned with the applicant's driving record for the past three years.

Should our company hire the following person, a driving record must be obtained in accordance with Section 391.25 of the Federal Department of Transportation Regulations, at a minimum annually, for as long as this person is a driver for this company. Please furnish the undersigned with the applicant's driving record for the past three years.

<b>NAME OF APPLICANT(print)</b>		
<b>ADDRESS</b> (street,city,state,zip)		
<b>Date of birth</b>	<b>SSN</b>	<b>LICENSE#</b>

Requested by

DOTOSHA CONSULTING LLC  
6601 Tuscan Rd Paducah, KY 42001

SIGNATURE/TITLE	DATE
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**Certificate of Violations/Annual Review of Driving Record**

**Drivers Name** \_\_\_\_\_

Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted or on account of which he/she has forfeited bond or collateral during the preceding 12 months.

**Certificate of Violations**

*My signature below certifies a true, accurate and complete list of traffic violations required to be listed (other than those I have provided under section 383) for which I was convicted of or forfeited bond or collateral during the past 12 months*

I have had no violations within the last 12 months      please check

DATE	OFFENSE	LOCATION	COMM or NON COMM

**DRIVERS SIGNATURE** \_\_\_\_\_      **DATE** \_\_\_\_\_

**Certification: Category** \_\_\_ **Intrastate** \_\_\_ **Interstate** \_\_\_ **Medical expiration date:** \_\_\_\_\_

**ANNUAL REVIEW OF DRIVING RECORD**

Per section 391.25, I have deemed the driver listed above as:

- Meets minimum requirements       Does not meet minimum requirements  
 Is disqualified to drive a motor vehicle in regards to section 391.15

Action taken with driver \_\_\_\_\_

CERTIFIERS NAME PRINT		DATE
CERTIFIERS SIGNATURE		TITLE
		Safety Director
COMPANY NAME	ADDRESS	CITY/STATE

## Driver Road Test

<b>Pre-Trip</b>	Pass__ Fail__	<b>Intersections</b>	Pass__ Fail__	<b>Emergency Equipment</b>	Pass__ Fail__
<b>Starting</b>	Pass__ Fail__	<b>Shifting</b>	Pass__ Fail__	<b>Parking</b>	Pass__ Fail__
<b>Stopping</b>	Pass__ Fail__	<b>Backing</b>	Pass__ Fail__	<b>Unsatisfactory</b>	___
<b>Turns</b>	Pass__ Fail__	<b>Courtesy</b>	Pass__ Fail__	<b>Needs Training</b>	___
<b>Speed</b>	Pass__ Fail__	<b>Knowledge</b>	Pass__ Fail__	<b>Satisfactory</b>	___

## Certificate of Road Test

**Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person was examined. (49 CFR 391.31(e)(f)(g))**

**DRIVERS NAME**(print)\_\_\_\_\_

**SOCIAL SECURITY NUMBER**\_\_\_\_\_

**DRIVERS LISCENSE NUMBER**\_\_\_\_\_

**STATE**\_\_\_\_\_

**EQUIPMENT DRIVEN** (CIRCLE)      TRUCK      TRACTOR      TRAILER(S)

This is to certify that the above-named driver was given a road test under my supervision on \_\_\_\_\_, 20\_\_\_\_, consisting of approximately \_\_\_\_\_ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skill to operate the type of commercial motor vehicle listed above.

\_\_\_\_\_  
SIGNATURE OF EXAMINER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY NAME/ADDRESS OF EXAMINER

**NEW DRIVERS RECORD OF DUTY STATUS**

PREVIOUS DAYS	YESTERDAY	2	3	4	5	6	7
MONTH/DAY	/	/	/	/	/	/	/
ON-DUTY HOURS							

Pursuant to section 395.8(j)(2) To the best of my knowledge complete my previous 7 day on duty time

\_\_\_\_\_ TOTAL

**On duty time** means all time from the time a driver begins to work or is required to be in readiness to work until the time the driver is relieved from work and all responsibility for performing work. **On duty time** shall include:

- (1) All time at a plant, terminal, facility, or other property of a motor carrier or shipper, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier;
- (2) All time inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- (3) All driving time as defined in the term **driving time**;
- (4) All time, other than **driving time**, in or upon any commercial motor vehicle except time spent resting in a **sleeper berth**;
- (5) All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded;
- (6) All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle;
- (7) All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with the random, reasonable suspicion, post-accident, or follow-up testing required by [part 382](#) of this subchapter when directed by a motor carrier;
- (8) Performing any other work in the capacity, employ, or service of a motor carrier; and
- (9) Performing any compensated work for a person who is not a motor carrier

Are you being compensated by another employer? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Do you plan to receive compensation while being employed for this employer? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# DRIVERS RECEIPT

I acknowledge receipt of this Driver's handbook, Company and Alcohol and Substance Abuse Policy. In addition I agree to familiarize myself with this company policy as required by the Federal Motor Carrier Safety Regulations.

I understand I am to acknowledge and obey the company policies and rules in this handbook, as well as the regulations of the Federal Government Department of Transportation, including section 382.601, and of all the state and local jurisdictions, as a professional driver. Included into the policies is detailed discussion of the following:

- ✓ The designated person to answer questions about the policies
- ✓ The categories of drivers subject to Part 383
- ✓ Information describing a safety sensitive function, and the proper driver conduct
- ✓ Circumstances under which a driver will be tested
- ✓ Repercussions of when a driver refuses to submit to a drug/alcohol test

My signature below certifies that I will act responsible, courteous, and safe while my employment at all times. In addition I am aware that i will accept the policies as stated in our company handbook. Non-compliance to the policies will result in disciplinary actions detailed in the policies.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**COMPANY SUPERVISOR SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_